12-26-00

A

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	MLT-003
First Inventor	Fei Xie
Title	Methods of Recording Voice Signals
Express Mail Label No.	EK384232027US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Box Patent Application
Washington, DC 20231

1. [X] Fee Transmittal Form (e.g., PTO/SB/17) *(Submit an original and a duplicate for fee processing)*
2. [X] Applicant claims small entity status. See 37 CFR 1.27.
3. [X] Specification [Total Pages []] *(preferred arrangement set forth below)*
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings *(if filed)*
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. [X] Drawing(s) *(35 U.S.C. 113)* [Total Sheets [4]] Informal.
5. Oath or Declaration [Total Pages []]
 a. [] Newly executed (original or copy)
 b. [] Copy from a prior application (37 CFR 1.63 (d)) *(for continuation/divisional with Box 18 completed)*
 i. [] DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. [] Application Data Sheet. See 37 CFR 1.76
7. [] CD-ROM or CD-R in duplicate, large table or Computer Program *(Appendix)*
8. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all necessary)*
 a. [] Computer Readable Form (CRF)
 b. Specification Sequence Listing on:
 i. [] CD-ROM or CD-R (2 copies); or
 ii. [] paper
 c. [] Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. [X] Assignment Papers (cover sheet & document(s))
10. [X] 37 CFR 3.73(b) Statement *(when there is an assignee)* [X] Power of Attorney
11. [] English Translation Document *(if applicable)*
12. [] Information Disclosure Statement (IDS)/PTO-1449 [] Copies of IDS Citations
13. [] Preliminary Amendment
14. [] Return Receipt Postcard (MPEP 503) *(Should be specifically itemized)*
15. [] Certified Copy of Priority Document(s) *(if foreign priority is claimed)*
16. [] Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. [] Other:

18. If a CONTINUING APPLICATION, *check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:*

[] Continuation [] Divisional [] Continuation-in-part (CIP) of prior application No.: ____/____

Prior application information: *Examiner* ____ *Group Art Unit:* ____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

[] *Customer Number or Bar Code Label* *(Insert Customer No. or Attach bar code label here)* or [X] *Correspondence address below*

Name	Szegien Peter Chow				
Address	205 L West Red Oak Drive				
City	Sunnyvale	State	CA	Zip Code	94086
Country	USA	Telephone	408-981-2644	Fax	

Name (Print/Type)	Szegien Peter Chow	Registration No. (Attorney/Agent)	39,524
Signature	Szegien Peter Chow	Date	12/22/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

JC960 U.S. PTO 12/22/00
JC945 U.S. PTO 09/747392 12/22/00

PTO/SB/17 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT ($)

Complete if Known	
Application Number	
Filing Date	12/22/00
First Named Inventor	Fei Xie
Examiner Name	
Group Art Unit	
Attorney Docket No.	MLT-003

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
 - Deposit Account Number
 - Deposit Account Name
 - ☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
 - ☐ Applicant claims small entity status. See 37 CFR 1.27
2. ☒ **Payment Enclosed:** ☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee ($)	Small Entity Fee Code	Small Entity Fee ($)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	335.00
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) ($) 335.00

2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	19	-20** = 0	X 0	= 0
Independent Claims	8	- 3** = 5	X 40	= 200
Multiple Dependent			0	= -

Large Entity Fee Code	Large Entity Fee ($)	Small Entity Fee Code	Small Entity Fee ($)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) ($) 535.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee ($)	Small Entity Fee Code	Small Entity Fee ($)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for *ex parte* reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) ($) 80.00

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Steqien Peter Show	Registration No. (Attorney/Agent)	39 524	Telephone	408.981.2644
Signature				Date	12/22/00

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.